

# EXHIBIT C

This document relates to  
7 all Wave 8 and subsequent Joseph Goodwin  
wave cases as plaintiffs U.S. District Judge

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12  
13  
14 Deposition of AHMET BEDESTANI, M.D., taken on  
15 Friday, September 21, 2018, in the conference room  
16 of Courtyard by Marriott, Two Galleria Boulevard,  
17 Metairie, Louisiana 70001, commencing at  
18 11:52 a.m.

Reported by:

		Page 2	Page 4
1	I N D E X		
2	Page		
3	Caption .....	1	1 S T I P U L A T I O N
4	Appearances .....	3	2 It is stipulated by and among Counsel that
5	Agreement of Counsel .....	4	3 the deposition of AHMET BEDESTANI, M.D., is being
6	Reporter's Certificate .....	119	4 taken under the Federal Rules of Civil Procedure
7			5 for all purposes permitted under the law.
8			6 The formalities of reading and signing are
9			7 waived.
10	E X A M I N A T I O N		8 The formalities of sealing, certification
11	MR. JONES .....	5	9 and filing are hereby waived. The party
12	MR. WALKER .....	109	10 responsible for services of the discovery material
13			11 shall retain the original.
14	E X H I B I T S		12 * * * * *
15	No. 1 Ahmet Bedestani, LLC, Invoice 10016	16	13 Aurora M. Perrien, Certified Court
16	No. 2 (flash drive)	16	14 Reporter, Registered Professional Reporter, in and
17	No. 3 General Expert Report of Ahmet Bedestani, M.D. (PowerPoints)	17	15 for the State of Louisiana, officiated in
18	No. 4 (e-mail dated 4/18/01)	46	16 administering the oath to the witness.
19	No. 5 Notice to Take Deposition...	115	17
20	No. 6 Curriculum Vitae	116	18
21			19
22			20
23			21
24			22
25	**Reporter's Note: Exhibit Nos. 2 and 4 were retained by plaintiff's counsel.		23
			24
			25
		Page 3	Page 5
1	A P P E A R A N C E S		1 AHMET BEDESTANI, M.D.,
2	REPRESENTING PLAINTIFF:		2 4228 Houma Boulevard, Suite 410A, Metairie,
3	WAGSTAFF & CARTMELL, L.L.P.		3 Louisiana 70006, after having been first duly
4	BY: NATE JONES, ESQ.		4 sworn, testified on his oath as follows:
5	4740 Grand Avenue, Suite 300		5 E X A M I N A T I O N
6	Kansas City, Missouri 64112		6 BY MR. JONES:
7	816.701.1100		7 Q. Hey, Doctor. My name is Nate Jones. I'm
8	Njones@wcllp.com		8 from the law firm of Wagstaff & Cartmell. I think
9			9 you already know this, but I represent the
10	REPRESENTING DEFENDANT:		10 plaintiffs in the transvaginal mesh MDL that is
11	BUTLER SNOW, L.L.P.		11 headquartered in Charleston, West Virginia, and is
12	BY: JORDAN N. WALKER, ESQ.		12 ongoing.
13	1020 Highland Colony Parkway, Suite 1400		13 So are you prepared today to answer some
14	Ridgeland, Mississippi 39157		14 questions about the work that you performed in
15	601.985.4643		15 this case?
16	Jordan.walker@butlersnow.com		16 A. Yes, sir.
17			17 Q. And just briefly break it down to me what
18			18 your understanding of your role is in this case.
19			19 A. I don't know how to answer that, really.
20			20 Q. You're sure?
21			21 A. My role -- I believe I was retained by
22			22 defendant's law firms to answer questions
23			23 regarding the accusations against certain products
24			24 put into the marketplace by Ethicon, and to give
25			25 information based on science, education,

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<p>1 experience.</p> <p>2 Q. And is there one particular product that</p> <p>3 attorneys for Ethicon have asked you to look at</p> <p>4 specifically?</p> <p>5 A. Prosima.</p> <p>6 Q. Okay. So we're here today to talk bout</p> <p>7 Prosima and the work that you've done.</p> <p>8 You've authored an -- what's called an</p> <p>9 expert report on the Prosima product; correct?</p> <p>10 A. That is correct.</p> <p>11 Q. Okay. And I'm assuming that you spent</p> <p>12 some time authoring that report of yours?</p> <p>13 A. I did.</p> <p>14 Q. Okay. And your counsel e-mailed me</p> <p>15 earlier a invoice detailing certain work that you</p> <p>16 performed.</p> <p>17 Just to cut to the chase, is it fair for</p> <p>18 me and other attorneys to look at that invoice and</p> <p>19 rely on it for the amount of work that you</p> <p>20 performed in this case?</p> <p>21 A. The -- there should be an invoice that was</p> <p>22 a preliminary invoice that is 58 hours, then there</p> <p>23 was another one for another 6 hours relating to</p> <p>24 that general report; so in total, 64.4 hours</p> <p>25 specifically devoted to the Prosima general</p>	<p>1 very end, on Page 3 of 3, underneath Consulting,</p> <p>2 it says, "Preparation of Prosima" or Prosima,</p> <p>3 however we're going to roll in this depo,</p> <p>4 "Position and and supporting slides."</p> <p>5 What's the Prosima position statement</p> <p>6 paper that you were working on?</p> <p>7 A. Isn't that my report?</p> <p>8 Q. That's my question.</p> <p>9 A. That is my report.</p> <p>10 Q. Okay. And then the supporting slides,</p> <p>11 what are you referring to there?</p> <p>12 A. I believe -- I have it in -- in my hand.</p> <p>13 MR. WALKER:</p> <p>14 Let -- well, let me -- let me just</p> <p>15 interject to this point. They are</p> <p>16 references in attachment to his report.</p> <p>17 And a slide deck that -- that he used as</p> <p>18 sort of a foundation for his report should</p> <p>19 have been attached --</p> <p>20 MR. JONES:</p> <p>21 Okay.</p> <p>22 MR. WALKER:</p> <p>23 -- in the materials that y'all were</p> <p>24 served. I've got a copy for you here if</p> <p>25 you'd like that.</p>
<p style="text-align: center;">Page 7</p> <p>1 report. But I must add that that is a fraction of</p> <p>2 the time that I spent in that it -- I used this as</p> <p>3 an exercise to satisfy intellectual curiosity and</p> <p>4 to improve my understanding of certain concepts.</p> <p>5 Q. If we combine the preliminary invoice,</p> <p>6 which totals to 58.1 hours, and the second</p> <p>7 invoice, that would total it up to 64.4 hours.</p> <p>8 That's what we need to look at to</p> <p>9 determine the amount of time that you've invoiced</p> <p>10 for in this case. Fair?</p> <p>11 A. That is fair.</p> <p>12 Q. Okay.</p> <p>13 A. Invoice time, 64 hours.</p> <p>14 Q. Okay. Now on this invoice, I got to ask</p> <p>15 you a few questions about some of the language on</p> <p>16 here.</p> <p>17 A. I don't have the invoice in --</p> <p>18 Q. Okay.</p> <p>19 A. -- front of me here.</p> <p>20 MR. WALKER:</p> <p>21 Here, we can -- we can look at it</p> <p>22 here. I have it on my screen; so just let</p> <p>23 us know what you're looking at.</p> <p>24 BY MR. JONES:</p> <p>25 Q. Yeah. The very -- the very -- towards the</p>	<p style="text-align: center;">Page 9</p> <p>1 MR. JONES:</p> <p>2 Yeah. Great.</p> <p>3 MR. WALKER:</p> <p>4 (Tenders document.)</p> <p>5 BY MR. JONES:</p> <p>6 Q. So you -- you put together -- you put</p> <p>7 together a report; correct? Yes?</p> <p>8 A. I did -- I did put together a position</p> <p>9 statement. That position statement is in the form</p> <p>10 of a report that reflects my thoughts on Prosima.</p> <p>11 Q. Okay. And then you also put together a</p> <p>12 PowerPoint slide presentation; correct?</p> <p>13 A. That PowerPoint presentation is a run--</p> <p>14 is reflective of notes, images, information that I</p> <p>15 have gathered through the passage of time that has</p> <p>16 formulated my --</p> <p>17 Q. I'm just asking --</p> <p>18 A. -- thought process.</p> <p>19 Q. -- whether you did it or not.</p> <p>20 Did you --</p> <p>21 A. Of course I did it.</p> <p>22 Q. Did you put together the PowerPoint</p> <p>23 presentation?</p> <p>24 A. That is 100 percent mine.</p> <p>25 Q. Thanks. It's a lot of work.</p>

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<p>1 A. It is a lot of work.</p> <p>2 Q. Then a few of these other entries on the</p> <p>3 invoice, it says, "Research of chain breakdown in</p> <p>4 graft matrix."</p> <p>5 Explain to me what you mean when you write</p> <p>6 on your billing invoice "Research of chain</p> <p>7 breakdown in graft matrix."</p> <p>8 A. As I was reflecting on some of the</p> <p>9 accusations that were put forth or that I was made</p> <p>10 aware of in terms of how certain people believe</p> <p>11 mesh was reacting within the human body,</p> <p>12 specifically referencing papers accusing of</p> <p>13 oxidation, breakdown, etcetera. So when I dug</p> <p>14 deep into the actual papers, I had to re-educate</p> <p>15 myself, going back to organic chemistry, learning</p> <p>16 about isomers, learning about florescence testing,</p> <p>17 learning about electron scanning microscopy.</p> <p>18 I would have to reflect upon my notes that</p> <p>19 I don't -- I don't think I have with me. But</p> <p>20 really trying to learn what florescence,</p> <p>21 transgravitent -- transgravonometric -- I'd have</p> <p>22 to pronounce it again. I'm certainly not an</p> <p>23 organic chemist, but I had to learn so I could</p> <p>24 make understanding of the papers and their</p> <p>25 rebuttal so that I can formulate my own</p>	<p>1 And then I assume you've come to the</p> <p>2 conclusion that polypropylene mesh does not</p> <p>3 degrade or oxidize inside of the human body.</p> <p>4 Fair?</p> <p>5 A. I believe that Prolene, polypropylene is</p> <p>6 completely inert and does not do those things --</p> <p>7 Q. Okay. And --</p> <p>8 A. -- within the human body.</p> <p>9 Q. Yeah. And in your research on that issue,</p> <p>10 you went out and looked at -- let me ask you.</p> <p>11 Did you look at medical literature on the</p> <p>12 subject?</p> <p>13 A. I did.</p> <p>14 Q. And did you -- did you look at internal</p> <p>15 testing that Ethicon had done on the subject?</p> <p>16 A. I -- I visited the papers by Abbott, Cabot</p> <p>17 [phonetic], if -- if -- I can't remember his name,</p> <p>18 and Clave.</p> <p>19 Q. Clave?</p> <p>20 A. Clave.</p> <p>21 Q. Sure.</p> <p>22 A. And then the accusations by Ostergard in</p> <p>23 his three in really trying to understand what was</p> <p>24 going on, and then really going back to Boyd's --</p> <p>25 really going back to Boyd's Organic Chemistry</p>
<p>1 understanding, look at you and say I either</p> <p>2 believe it or I don't believe it.</p> <p>3 Q. Sure. So the -- so underneath "Research</p> <p>4 of chain breakdown and graft matrix" and "Research</p> <p>5 into defending against accusations of" oxidate --</p> <p>6 oxidate -- "oxidation of implants," talking about</p> <p>7 similar concepts there. Fair?</p> <p>8 A. Polypropylene is a chain polymer. And</p> <p>9 then Prolene is a stereoisomer. So I had to</p> <p>10 really go back in that. And isotonic are all the</p> <p>11 carbon molecules and substituents on the same. So</p> <p>12 I would have to go back and go exactly into my</p> <p>13 notes to better delineate what I am trying to</p> <p>14 display to you. So I was really trying to say</p> <p>15 what was going on with the graft and was it really</p> <p>16 oxidation.</p> <p>17 Q. So as far as your two entries in your</p> <p>18 billing invoice that relate to the "Research of</p> <p>19 chain breakdown and graft matrix" and "defending</p> <p>20 against accusations of oxidation of implants,"</p> <p>21 you're -- you're talking about two similar</p> <p>22 concepts; correct?</p> <p>23 A. Yes.</p> <p>24 Q. Okay. All right. That's all the question</p> <p>25 was.</p>	<p>1 textbook, which was mine.</p> <p>2 So really just trying to once again</p> <p>3 understand what all of this terminology was. I do</p> <p>4 -- I think I billed these -- the company 7 hours,</p> <p>5 but I could definitely tell you there was far more</p> <p>6 time spent just trying to understand these</p> <p>7 concepts and I didn't feel that it was appropriate</p> <p>8 to bill a company to --</p> <p>9 Q. Yeah. Yeah. Yeah.</p> <p>10 A. -- educate myself.</p> <p>11 Q. Got it. And I'm not trying to be rude and</p> <p>12 cut you off, but I mean, if I ask you a question,</p> <p>13 I just want the answer to the question. I mean,</p> <p>14 you'll get it. You'll -- you'll get it. And I</p> <p>15 know it's like -- we're human beings. We try to</p> <p>16 have a conversation, and there will probably be</p> <p>17 some topics where you and I both will start</p> <p>18 getting into a conversation mode. But for now,</p> <p>19 this -- this -- these are like housecleaning</p> <p>20 issues; so --</p> <p>21 A. Okay.</p> <p>22 Q. -- I'm just firing like simple</p> <p>23 questions --</p> <p>24 A. Okay.</p> <p>25 Q. -- that I just want answers to.</p>

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<p>1 physician consultant for Ethicon?</p> <p>2 A. 2010 would be a -- I think a good start</p> <p>3 point.</p> <p>4 Q. Okay. And what would -- what did your</p> <p>5 consulting responsibilities entail in 2010?</p> <p>6 A. Speaking about -- speaking to my thought</p> <p>7 process of the Prosima itself, graft augmentation,</p> <p>8 specifically Prolene, polypropylene augmentation</p> <p>9 of transvaginal reconstructive procedures to</p> <p>10 address pelvic organ prolapse, symptomatic.</p> <p>11 Q. Fair to say in 2010 your consulting work</p> <p>12 for Ethicon consisted of work revolving around the</p> <p>13 Prosima product and other graft augmentation</p> <p>14 procedures for pelvic organ prolapse?</p> <p>15 A. My main focus was specifically to provide</p> <p>16 professional-level education on behalf of Prosima.</p> <p>17 This involved preceptorship. This involved</p> <p>18 anatomical dissection, displaying that anatomical</p> <p>19 dissection.</p> <p>20 Q. And in your work in 2010, your consulting</p> <p>21 work, would have primarily revolved around the</p> <p>22 Prosima product -- fair -- for Ethicon?</p> <p>23 A. For Ethicon, only Ethicon. Prosima, only</p> <p>24 Prosima.</p> <p>25 Q. Okay. Did you do any other work as a paid</p>	<p>1 fascinated, not intrigued, fascinated by the</p> <p>2 vaginal support device, which is a component only</p> <p>3 of Prosima.</p> <p>4 Q. The -- the Prosima uses the vaginal</p> <p>5 support device, or -- or VSD, which is unique to</p> <p>6 all other transvaginal mesh POP kits ever on the</p> <p>7 market; correct?</p> <p>8 A. Excuse me? I -- you have to repeat that</p> <p>9 for me.</p> <p>10 Q. The -- the Prosima uses the VSD, or</p> <p>11 vaginal support device, mechanism; correct?</p> <p>12 A. That is correct.</p> <p>13 Q. And the design of the Prosima, which</p> <p>14 includes the VSD device, is unique to any other</p> <p>15 transvaginal mesh POP kit ever marketed in the</p> <p>16 United States. Fair?</p> <p>17 A. Absolutely no.</p> <p>18 The vaginal support device was only</p> <p>19 involved with Prosima. There was no other</p> <p>20 splinting-type device that I was aware of for any</p> <p>21 other marketed transvaginal mesh kit: Apogee,</p> <p>22 Perigee, Elevate, Pinnacle, Uphold. I can't keep</p> <p>23 them straight.</p> <p>24 Q. Sure. There's a bunch.</p> <p>25 But as far as the splinting -- the splint</p>
<p style="text-align: center;">Page 19</p> <p>1 physician consultant for any companies that market</p> <p>2 transvaginal mesh devices that aren't named</p> <p>3 Ethicon?</p> <p>4 A. Absolutely no. I was paid to man a</p> <p>5 cadaveric lab while a fellow, and that's because</p> <p>6 my bosses said, Show up, and I did --</p> <p>7 Q. Right.</p> <p>8 A. -- and I collected -- I believe it was</p> <p>9 either 500 or \$800. And that would be between</p> <p>10 2007 and 2010. I -- I don't -- you would -- you</p> <p>11 could -- I -- I don't know exactly when. It was</p> <p>12 on behalf of Pinnacle. So whenever Pinnacle hit</p> <p>13 the market, it would be around that time.</p> <p>14 Q. Got it.</p> <p>15 As far as your consulting work, you --</p> <p>16 other than the one event that we just described</p> <p>17 that you were required to attend, your consulting</p> <p>18 work was solely with Ethicon as it relates to</p> <p>19 transvaginal mesh; correct?</p> <p>20 A. Solely with Ethicon as it relates with</p> <p>21 Prosima.</p> <p>22 Q. Okay. Why is it that you only worked for</p> <p>23 Ethicon?</p> <p>24 A. I believed in the -- the concept of mesh</p> <p>25 augmentation. But more importantly, I was</p>	<p style="text-align: center;">Page 21</p> <p>1 device, that was unique to the Prosima; correct?</p> <p>2 A. Yes.</p> <p>3 Q. Okay. All right. None of -- I'm not</p> <p>4 aware of it either.</p> <p>5 But there's -- there's no other</p> <p>6 transvaginal mesh product that you're aware of</p> <p>7 that uses the type of design that Prosima does;</p> <p>8 correct?</p> <p>9 A. That is correct, sir.</p> <p>10 Q. And that's why you're fascinated, I'm --</p> <p>11 I'm assuming -- let me ask.</p> <p>12 Is that one of the reasons why you were</p> <p>13 fascinated by the Prosima back in 2010? It was</p> <p>14 different --</p> <p>15 A. Way before.</p> <p>16 Q. -- right? Oh. Way before?</p> <p>17 A. Way before, I always felt that precision</p> <p>18 of application of graft with vector molding,</p> <p>19 intrinsic or extrinsic pressure, was the key.</p> <p>20 Basically I felt that Ethicon, when they</p> <p>21 introduced me to the vaginal support device, gave</p> <p>22 me what I had been looking for. I felt that that</p> <p>23 would solve a lot of problems, and I once again</p> <p>24 was fascinated by this concept.</p> <p>25 Q. And the concept was invented by a</p>

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<p>1 Australian doctor; correct?</p> <p>2 A. I believe it was Marcus Carey, to be</p> <p>3 specific.</p> <p>4 Q. Yeah. He's Australian; right?</p> <p>5 A. Yes.</p> <p>6 Q. Okay. And do you know when Prosimax was</p> <p>7 launched in the United States?</p> <p>8 A. I remember attending some type of event in</p> <p>9 Colorado where they were getting ready to roll it</p> <p>10 out. And I say that because I would have to look</p> <p>11 back at my travel logs. It's either going to be</p> <p>12 2009 or beginning of 2010.</p> <p>13 Q. That brings up a good point.</p> <p>14 Was this rollout event that you attended</p> <p>15 in 2009 or 2010 an event sponsored by Ethicon?</p> <p>16 A. I believe it was.</p> <p>17 Q. I'm assuming, dating back to 2009 or 2010,</p> <p>18 that you've attended multiple events sponsored by</p> <p>19 Ethicon in your role as a consulting physician?</p> <p>20 A. From 2009 to -- yeah.</p> <p>21 Q. To -- to current? Okay.</p> <p>22 A. I -- I attended many such events. Many</p> <p>23 such events not only sponsored by Ethicon but all</p> <p>24 of the companies at the time.</p> <p>25 Q. Good.</p>	<p>1 2011, are you a consultant for Ethicon?</p> <p>2 A. I think so.</p> <p>3 Q. 2012, are you still consulting with</p> <p>4 Ethicon?</p> <p>5 A. No. I'm not.</p> <p>6 Q. Okay. What -- why did you stop acting as</p> <p>7 a physician consultant in 2012 for Ethicon?</p> <p>8 A. I think I -- I actually transitioned out</p> <p>9 of one position and then took some time to decide</p> <p>10 in what direction my career was going to go; so I</p> <p>11 felt that was an important part. And it -- that</p> <p>12 was -- it was at that point that I passed my</p> <p>13 general obstetrics and gynecology boards, two</p> <p>14 thousand and -- I think it's right here. Two --</p> <p>15 November of 2011. And then I started putting</p> <p>16 together my practice at East Jefferson General</p> <p>17 Hospital, and that took some time to really get</p> <p>18 off the ground. So I was really devoted to that.</p> <p>19 Q. Okay. Did Ethicon between the years of</p> <p>20 2012 to 2016 ever reach out to you to ask you if</p> <p>21 you would act as a paid physician consultant for</p> <p>22 them again?</p> <p>23 A. No.</p> <p>24 Q. Now November of 2011 is when you first</p> <p>25 passed your general OB-Gyn boards; is that</p>
<p style="text-align: center;">Page 23</p> <p>1 And have you -- have you -- has Ethicon</p> <p>2 paid for you to travel to their headquarters?</p> <p>3 A. I did go to their headquarters, but that's</p> <p>4 when I went to see my family. I did. Because we</p> <p>5 are -- we live in Hamilton, New Jersey, which is</p> <p>6 not that far from East Brunswick or Somerville.</p> <p>7 Q. Sure.</p> <p>8 Do any other events or trips stand out to</p> <p>9 you in the last 8 or 9 years that you attended</p> <p>10 where Ethicon either sponsored the event or paid</p> <p>11 for you to travel there?</p> <p>12 A. Many wonderful memories come back from</p> <p>13 labs that were hosted or put forth by Ethicon:</p> <p>14 Chicago, Florida. I would have to look back at</p> <p>15 the travel log. Many.</p> <p>16 But I do know this: It was through all of</p> <p>17 these labs that I was able to further dissect and</p> <p>18 further advance my knowledge in pelvic anatomy.</p> <p>19 Because I can tell you this: Through that company</p> <p>20 I was able to study over 26 cadavers. So usually</p> <p>21 it was four cadavers per an event. Four into 26</p> <p>22 -- let's round up. Say I missed two. So at least</p> <p>23 seven events.</p> <p>24 Q. All right. So 2010, you're a consultant</p> <p>25 for Ethicon.</p>	<p style="text-align: center;">Page 25</p> <p>1 correct?</p> <p>2 A. That is correct.</p> <p>3 Q. And you finished -- finished your</p> <p>4 fellowship training in June of 2010; correct?</p> <p>5 A. That is correct.</p> <p>6 Q. And then you talked about starting your</p> <p>7 practice at East Jefferson; correct?</p> <p>8 A. Yes. I left my -- my previous -- where I</p> <p>9 did my fellowship, I stayed on, and I felt that it</p> <p>10 was time to move on.</p> <p>11 Q. Sure.</p> <p>12 A. And so I think that was a period of</p> <p>13 transition.</p> <p>14 Q. So sometime in late 2010 you begin</p> <p>15 practicing as a full-time physician; correct?</p> <p>16 A. I was a fellow from 2007 to 2010. And</p> <p>17 then I joined as an assistant professor, and so I</p> <p>18 was -- at that point we transitioned from fellow</p> <p>19 to attending. That is correct.</p> <p>20 Q. Okay. And then at some point in 2011 you</p> <p>21 start your practice at East Jefferson; correct?</p> <p>22 A. We started I think in May of 2012. It</p> <p>23 took a while to get started. It should be then.</p> <p>24 Yeah. May of 2012.</p> <p>25 Q. When's the last time that you used the</p>

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<p>1 Prosima device in a patient?</p> <p>2 A. I -- I think probably in 2011. Probably.</p> <p>3 Q. Okay. When is the first time you used the</p> <p>4 Prosima device on a patient?</p> <p>5 A. As soon as I could probably get my hands</p> <p>6 on it; so probably somewhere in 2009 or 2010.</p> <p>7 Q. Fair to say the first time that you would</p> <p>8 have used the Prosima device would have been</p> <p>9 shortly after it was first marketed in the</p> <p>10 United States?</p> <p>11 A. As soon as I could obtain the device.</p> <p>12 Yes. Whatever that time period is.</p> <p>13 Q. How many total Prosima devices did you</p> <p>14 implant in patients?</p> <p>15 A. That would be a -- that would have to be a</p> <p>16 range.</p> <p>17 Q. Give me a range.</p> <p>18 A. Probably more than 40, less than a</p> <p>19 hundred.</p> <p>20 Q. Now in the course of your review in --</p> <p>21 in -- in educating yourself about issues that were</p> <p>22 relevant to the Prosima device, you're aware that</p> <p>23 the launch of the Prosima device was delayed</p> <p>24 several times by Ethicon; correct?</p> <p>25 A. I didn't know that at the time where --</p>	<p>1 Q. Okay. And in fairness, the only way that</p> <p>2 a physician could have known that there were</p> <p>3 multiple delays in the launch of the Prosima</p> <p>4 device would be to have access to Ethicon's</p> <p>5 internal documents; correct?</p> <p>6 MR. WALKER:</p> <p>7 Object to form.</p> <p>8 BY MR. JONES:</p> <p>9 Q. That's a bad question. Let me ask in a</p> <p>10 more targeted question.</p> <p>11 One way a physician would become aware of</p> <p>12 the multiple -- multiple delays in the launch of</p> <p>13 the Prosima device made by Ethicon would be to</p> <p>14 have access to their internal documents; correct?</p> <p>15 A. No. Because if a company says that</p> <p>16 Product X is coming September 2008 and you're</p> <p>17 waiting for it and it doesn't show up, then that</p> <p>18 keys you off there's a problem. So I think</p> <p>19 finding out the developmental timeline of a</p> <p>20 product, I don't know if that's really germane to</p> <p>21 the issue at the time.</p> <p>22 Q. You reviewed -- I mean, the -- the</p> <p>23 internal documents are -- to me are interesting,</p> <p>24 actually, in this -- with this device. Sometimes</p> <p>25 they're not that interesting. But with Prosima,</p>
<p>1 when it first was presented to me. On further</p> <p>2 study, I do know that it was delayed for some</p> <p>3 time, but I felt that that was a good thing in the</p> <p>4 sense that they wanted to actually have good</p> <p>5 Level 1 data.</p> <p>6 Q. You became -- any time I say something</p> <p>7 that's off-base, correct me if I'm wrong.</p> <p>8 When you -- when you were a practicing</p> <p>9 physician in 2009 and 2010 and started using the</p> <p>10 Prosima device, you had no knowledge at that time</p> <p>11 that there was delays in the launching of the</p> <p>12 device made by Ethicon; correct?</p> <p>13 A. That is correct.</p> <p>14 Q. At some point in your review of materials</p> <p>15 and in authoring and in -- in authoring your</p> <p>16 expert report in this case on the Prosima device,</p> <p>17 you -- you became aware that there were several</p> <p>18 delays of the launch of the Prosima device made by</p> <p>19 Ethicon; correct?</p> <p>20 A. That is correct.</p> <p>21 Q. And you would have became educated in that</p> <p>22 subject when you reviewed internal documents</p> <p>23 supplied to you from attorneys who represent</p> <p>24 Ethicon. Fair?</p> <p>25 A. That is correct.</p>	<p>1 they are definitely interesting. There's some</p> <p>2 that really stand out.</p> <p>3 And -- and I'm sure you reviewed documents</p> <p>4 where employees at Ethicon are disappointed with</p> <p>5 some of the initial safety data that came back</p> <p>6 prior to the launch of the Prosima device;</p> <p>7 correct?</p> <p>8 MR. WALKER:</p> <p>9 Object to form.</p> <p>10 THE WITNESS:</p> <p>11 I don't remember any type of</p> <p>12 information standing out regarding safety</p> <p>13 data, none -- nothing regarding safety.</p> <p>14 BY MR. JONES:</p> <p>15 Q. You reviewed documents where Ethicon --</p> <p>16 employees at Ethicon were concerned about the</p> <p>17 performance data of Prosima prior to its launch;</p> <p>18 correct?</p> <p>19 A. Please define --</p> <p>20 Q. Meaning whether -- meaning whether it</p> <p>21 worked or not.</p> <p>22 A. Of performance --</p> <p>23 Q. Sure.</p> <p>24 A. -- in terms of --</p> <p>25 Q. Efficacy.</p>

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<p>1 end of the study. All right.</p> <p>2 MR. WALKER:</p> <p>3 And that -- that was not Ethicon's</p> <p>4 fault, just for the record.</p> <p>5 MR. JONES:</p> <p>6 Okay. All right. Ethicon doesn't</p> <p>7 kill dogs. All right.</p> <p>8 BY MR. JONES:</p> <p>9 Q. All right. Let's go back to some of this</p> <p>10 consulting work stuff. Because I should have</p> <p>11 asked you some questions on it that I didn't</p> <p>12 earlier. And you tried to lead me in the right</p> <p>13 direction, and I just didn't follow up.</p> <p>14 Now in 2016, did you do consultant work</p> <p>15 for Boston Scientific?</p> <p>16 A. No.</p> <p>17 Q. Okay.</p> <p>18 A. In 2016 I did not do any type of</p> <p>19 consulting work for Boston Scientific.</p> <p>20 Q. Okay. Did -- did -- did you perform</p> <p>21 consultant work for Boston Scientific at any point</p> <p>22 in your career as a physician?</p> <p>23 A. As I alluded --</p> <p>24 Q. Other than the one --</p> <p>25 A. No.</p>	<p>1 with Boston Scientific, on mesh -- a company that</p> <p>2 manufactures transvaginal mesh devices.</p> <p>3 What were your --</p> <p>4 A. They also had a Y-mesh too that I wanted</p> <p>5 to go learn more about.</p> <p>6 Q. Okay. And Y-mesh is generally implanted</p> <p>7 abdominally; correct?</p> <p>8 A. The Y-mesh is utilized for abdominal</p> <p>9 sacrocolpopexy. That is correct.</p> <p>10 Q. And because I have a hard time saying that</p> <p>11 word, the ASC procedure, do you consider that the</p> <p>12 gold standard for treatment of pelvic organ</p> <p>13 prolapse?</p> <p>14 A. Despite doing a lot of it now, I do not.</p> <p>15 Q. Okay. Is that your primary surgical</p> <p>16 choice when you treat a patient who suffers from</p> <p>17 pelvic organ prolapse?</p> <p>18 A. The indication for that surgery in the</p> <p>19 United States is apical prolapse. If a patient</p> <p>20 has apical prolapse and they meet the criteria and</p> <p>21 stratification, risk-benefit ratio, and it's the</p> <p>22 appropriate surgery for that particular patient,</p> <p>23 taking into consideration all aspects of that</p> <p>24 patient and their desire for future life, if it is</p> <p>25 all correct and it represents a true benefit, that</p>
<p>1 Q. -- required -- no.</p> <p>2 Coloplast. There's some entries of</p> <p>3 interactions --</p> <p>4 A. No.</p> <p>5 Q. -- between you and Coloplast in 2014 and</p> <p>6 2013.</p> <p>7 A. When you say interaction -- I believe that</p> <p>8 I did go to find out more about their Y-mesh --</p> <p>9 Q. Okay.</p> <p>10 A. -- Restorelle.</p> <p>11 Q. But you didn't --</p> <p>12 A. I think --</p> <p>13 Q. -- act as a consultant --</p> <p>14 A. I think --</p> <p>15 Q. -- for them?</p> <p>16 A. But I'm not a consultant.</p> <p>17 Q. Sure.</p> <p>18 A. Nope. No --</p> <p>19 Q. All right. So two --</p> <p>20 A. -- payment --</p> <p>21 Q. -- thousand -- 2013, 2014 you go to</p> <p>22 Coloplast-sponsored events to check out some of</p> <p>23 their products, specifically Y-mesh; correct?</p> <p>24 A. That is correct.</p> <p>25 Q. 2015 and 2016, you have some interactions</p>	<p>1 is what they will be offered.</p> <p>2 Q. For apical prolapse, the primary surgical</p> <p>3 technique that you currently use is the ASC;</p> <p>4 correct?</p> <p>5 A. It is but one tool in my armamentarium.</p> <p>6 Q. Is it the primary one or not? That's</p> <p>7 what --</p> <p>8 A. I don't --</p> <p>9 Q. -- I'm asking.</p> <p>10 A. -- think that it's -- I wouldn't say it's</p> <p>11 my primary.</p> <p>12 Q. So you don't use the ASC more than any</p> <p>13 other surgical choice for apical prolapse is what</p> <p>14 you're telling me?</p> <p>15 A. On review of -- of my personal performance</p> <p>16 over the last 3 years, I am sure I have done more</p> <p>17 abdominal sacrocolpopexy than other apical</p> <p>18 suspension native tissue repairs.</p> <p>19 Q. Right. What's your go-to surgery or your</p> <p>20 primary surgery for rectocele?</p> <p>21 A. I have to take -- I am a firm believer</p> <p>22 that you have to look at the entire POP-Q to see</p> <p>23 if there's any impingement upon the anterior,</p> <p>24 posterior, or apical. I have to see about -- I</p> <p>25 don't really truly believe that the -- isolated</p>

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<p>1 you need to take it all out.</p> <p>2 Q. And my question isn't a discussion of</p> <p>3 whether you think it's appropriate to take it all</p> <p>4 out or whether another physician thinks, Shoot, Do</p> <p>5 we take out all we can because it's causing</p> <p>6 problems, or do we leave a little chunk in there</p> <p>7 to see what happens with the rest of it. That's</p> <p>8 not the question.</p> <p>9 The question --</p> <p>10 A. Okay.</p> <p>11 Q. -- is: If a doctor makes the decision,</p> <p>12 This mesh needs to come out of this patient's body</p> <p>13 because it's in the best interest of this woman,</p> <p>14 in some patients, you will agree with me, that you</p> <p>15 can never safely and entirely remove all of the</p> <p>16 mesh from the patient's body?</p> <p>17 MR. WALKER:</p> <p>18 Object to form.</p> <p>19 THE WITNESS:</p> <p>20 I cannot say that. You're saying all</p> <p>21 patients. I --</p> <p>22 BY MR. JONES:</p> <p>23 Q. No. I just said "in some patients." If</p> <p>24 you listened, I said --</p> <p>25 A. I'm sorry.</p>	<p>1 And Nate, when you're done with that,</p> <p>2 can we take a break?</p> <p>3 MR. JONES:</p> <p>4 Yeah. Yeah. All right. So we'll get</p> <p>5 through these statements in AUGS.</p> <p>6 BY MR. JONES:</p> <p>7 Q. The use of synthetic mesh or biologic</p> <p>8 grafts in transvaginal repair of posterior vaginal</p> <p>9 wall prolapse does not improve outcomes. In</p> <p>10 addition, there are increased complications; e.g.,</p> <p>11 mesh exposure associated with placement of mesh</p> <p>12 through a posterior vaginal wall incision.</p> <p>13 Do you agree with that or disagree?</p> <p>14 A. They're saying that there's a unique set</p> <p>15 of complications possible by placing the graft</p> <p>16 permanent or xenograft. And -- and yes, I could</p> <p>17 say that I agree with that. That is a distinct</p> <p>18 possibility.</p> <p>19 Q. Okay. The next statement: Thus,</p> <p>20 synthetic mesh or biologic grafts should not be</p> <p>21 placed routinely through posterior vaginal wall</p> <p>22 incisions to correct POP for primary repair of</p> <p>23 posterior vaginal wall prolapse?</p> <p>24 A. They're saying do not use a graft</p> <p>25 augmentation for the first time that you're going</p>
<p>1 Q. -- "in some patients."</p> <p>2 A. It depends on the practitioner. I</p> <p>3 definitely think that certain practitioners</p> <p>4 because of more skill attained through innate</p> <p>5 ability, knowledge, drive for perfection, maybe</p> <p>6 they have the skill set. I -- when I have had</p> <p>7 mesh complication from other providers, if I did</p> <p>8 not believe that I could handle the surgery, I</p> <p>9 have passed it on. That has happened a handful of</p> <p>10 my time, that I didn't think that I could safely</p> <p>11 do that. Those patients would not have existed if</p> <p>12 there was not a permanent graft in there. So if</p> <p>13 -- and -- so I'm just trying to make amends with</p> <p>14 you maybe in saying yes, those were certain</p> <p>15 permanent graft implants placed in people, and I</p> <p>16 felt that to safely remove it all I did not have</p> <p>17 the skill set and I passed that on.</p> <p>18 Q. Okay. I believe that does help -- help</p> <p>19 me; so I appreciate that answer. All right.</p> <p>20 I want to read -- read through a few more</p> <p>21 of these statements in AUGS, which I bet you'll</p> <p>22 probably disagree with. But I -- I've got three</p> <p>23 more that I want to read, and then we'll be done</p> <p>24 with that.</p> <p>25 MR. WALKER:</p>	<p>1 to go to repair. So what they're advocating is:</p> <p>2 Go do a surgery that you know is going to probably</p> <p>3 have a 30 to 40 percent chance of failure so the</p> <p>4 patient comes back and makes your second revision</p> <p>5 harder. So I don't really understand that</p> <p>6 concept, and I don't agree with it.</p> <p>7 Q. You don't agree --</p> <p>8 A. I think you have to -- you have to -- you</p> <p>9 have to individual -- individualize care.</p> <p>10 Q. And now we're talking about interior</p> <p>11 vaginal repair. Polypropylene mesh augmentation</p> <p>12 is associated with higher rates of complications</p> <p>13 compared with native tissue vaginal prolapse</p> <p>14 repair.</p> <p>15 You agree or disagree?</p> <p>16 A. I disagree.</p> <p>17 MR. JONES:</p> <p>18 All right. Let's take that break.</p> <p>19 (Brief recess was taken.)</p> <p>20 BY MR. JONES:</p> <p>21 Q. All right, Doctor. We took a short break.</p> <p>22 Are you now ready to proceed?</p> <p>23 A. Yes, sir.</p> <p>24 Q. Good deal. All right.</p> <p>25 Besides the Prosimax, what other pelvic</p>

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<p>1 organ prolapse mesh kits did you use?</p> <p>2 A. I can definitely say that I used them all.</p> <p>3 Q. Used them all?</p> <p>4 A. At least all -- at least one to several</p> <p>5 times each.</p> <p>6 Q. Okay. Based on your experience in using</p> <p>7 every single transvaginal mesh product for</p> <p>8 treatment of pelvic -- pelvic organ prolapse at</p> <p>9 least once, are there any specific things that</p> <p>10 stand out to you about the safety and performance</p> <p>11 of any of those particular mesh devices?</p> <p>12 A. I came into my fellowship before the</p> <p>13 advent of the vaginal mesh kits, transvaginal mesh</p> <p>14 kits. And in fact, it was referenced in a paper</p> <p>15 that I did. It was on my CV. I'm very proud of</p> <p>16 it.</p> <p>17 Q. Nice.</p> <p>18 A. Where we fashioned two pieces of Gynemesh</p> <p>19 and delivered it utilizing the Capio device. I'm</p> <p>20 telling you that so that you don't -- I'm not</p> <p>21 trying to be boastful. I'm trying to tell you</p> <p>22 that violation of the sacrospinous ligament</p> <p>23 neurovascular complex is something that all of</p> <p>24 these mesh kits have in common. Prosimma, and</p> <p>25 Prosimma only, is the one that did not violate that</p>	<p>1 Q. Yeah.</p> <p>2 A. Okay.</p> <p>3 Q. Right on. I think you said Empathy and</p> <p>4 then Coloplast.</p> <p>5 What did you do after you graduated</p> <p>6 undergrad?</p> <p>7 A. I tried to get into medical school. Then</p> <p>8 I did -- went to a master's degree. If you look</p> <p>9 at the CV, it says certificate of anatomy. That</p> <p>10 was a program at the St. Louis University School</p> <p>11 of Medicine. I went to undergrad at St. Louis</p> <p>12 University.</p> <p>13 Q. Yeah.</p> <p>14 A. So the program was to give heavily</p> <p>15 motivated people the opportunity to maybe take the</p> <p>16 anatomical classes of the first year of medical</p> <p>17 students and see how they do. But the problem</p> <p>18 with that program was when you let 40 motivated</p> <p>19 kids in, we all did well. So they threw a MCAT</p> <p>20 recommendation again. And I -- and I've always</p> <p>21 had a hard time with that test. So then I went</p> <p>22 off and worked a while, and then I went back and</p> <p>23 got my master's in molecular biology, protein</p> <p>24 conformation dynamics, tried to get into medical</p> <p>25 school again. Despite a 4.0, I couldn't do well</p>
<p style="text-align: center;">Page 75</p> <p>1 structure. So none of these kits satisfied my</p> <p>2 curiosity, if you would like to say, or my</p> <p>3 approach to operating safely in a very challenging</p> <p>4 piece of anatomy, transvaginally that is.</p> <p>5 Q. What about the -- I understand the</p> <p>6 surgical approach didn't fascinate you or meet</p> <p>7 your standards.</p> <p>8 But what about the character --</p> <p>9 characteristics of any of those mesh products?</p> <p>10 Does anything stand out to you as far as one mesh</p> <p>11 device, the actual mesh portion being softer or</p> <p>12 lighter or more pliable or one being stiff, heavy,</p> <p>13 rigid? Anything like that stand out to you,</p> <p>14 Doctor?</p> <p>15 A. Out of all of them, I was -- I was</p> <p>16 intrigued at the time what became Restorelle, was</p> <p>17 Empathy.</p> <p>18 Q. Sure.</p> <p>19 A. I thought they had a winner back then. It</p> <p>20 was too expensive. I couldn't get the hospitals</p> <p>21 to buy it; so I did not have access to it, sir.</p> <p>22 Q. And Restorelle is a -- is a light, soft</p> <p>23 mesh; correct?</p> <p>24 A. It is. It's by Coloplast now, but it was</p> <p>25 bought by -- by them.</p>	<p style="text-align: center;">Page 77</p> <p>1 on the MCAT. Worked at a high volume PCR lab</p> <p>2 doing protein -- doing viral load analysis.</p> <p>3 MR. WALKER:</p> <p>4 Hey, Nate, I'm sorry to do this. Can</p> <p>5 -- can we go off the record for just a</p> <p>6 minute?</p> <p>7 (There is an off-the-record discussion.)</p> <p>8 (Brief recess was taken.)</p> <p>9 BY MR. JONES:</p> <p>10 Q. All right. Here's what I want to ask you</p> <p>11 about and focus on, is the work that you did after</p> <p>12 undergrad. Where'd you work?</p> <p>13 A. Consolidated Laboratory Services.</p> <p>14 Q. Okay. What's this DuPont work stuff? Did</p> <p>15 you work there, or is that --</p> <p>16 A. No. That's -- so at the time all the</p> <p>17 antiretroviral medications were coming out. And</p> <p>18 PCR at the time --</p> <p>19 Q. Okay.</p> <p>20 A. You want me to really expand on that</p> <p>21 or . . .</p> <p>22 Q. Yeah. Give me like the 2- or 3-minute</p> <p>23 version. I told Jordan we'd be done by 2:00; so</p> <p>24 expand but don't expand that much. That's a good</p> <p>25 lawyer answer for you, by the way.</p>

<p style="text-align: right;">Page 78</p> <p>1 A. So Hoffmann-La Roche had a kit. So you --    2 HIV replicates, and you have viral load: hundred    3 thousand copies, 50,000 copies, zero copies. The    4 more copies, the sicker you are. I give you a    5 pill that is an antiretro, and then we can    6 modulate how fast and how low we can get it. So    7 that's what we did, DuPont Merck DMP 266. I can't    8 even remember what it --</p> <p>9 Q. Sure.</p> <p>10 A. -- turned out to be. It's one of many.    11 So we did high volume PCR analysis, which at the    12 time was pretty cutting edge.</p> <p>13 Q. Cool. All right.</p> <p>14 And then you talked about -- you had some    15 difficulties getting into medical school; correct?</p> <p>16 A. That's correct.</p> <p>17 Q. And eventually --</p> <p>18 A. In the United States.</p> <p>19 Q. In the United States.</p> <p>20 And eventually you attended medical school    21 outside of the United States; correct?</p> <p>22 A. That is correct.</p> <p>23 Q. And you attended medical school outside of    24 the United States because of your difficulties    25 getting accepted into a medical school inside the</p>	<p style="text-align: right;">Page 80</p> <p>1 Medicine. I had friends that went, and they were    2 succeeding in their dreams. And my dream was    3 always to be a physician; so I said screw it and I    4 went down there.</p> <p>5 Q. You did it?</p> <p>6 A. We did it.</p> <p>7 Q. And the medical school you attended is    8 located -- or was located in the --</p> <p>9 A. On the island of Dominica until the island    10 of Dominica got wiped out last year. I think    11 they're in the process of transferring over to    12 Barbados.</p> <p>13 Q. Okay. And that medical school is not    14 accredited in the United States; correct?</p> <p>15 A. No.</p> <p>16 But whatever the -- the certification    17 allows you to take out American student loans for    18 that in paperwork; so they have certain    19 credentials that allows them to do that. And then    20 the resident -- the graduates are allowed to take    21 the full gambit [sic] United States medical    22 license examining 1, 2, all of it. So it's the    23 same thing. So you're allowed to go.</p> <p>24 Q. I'm going to just ask it again so I can    25 just get the -- the answer to it.</p>
<p style="text-align: right;">Page 79</p> <p>1 United States; correct?</p> <p>2 A. That is correct. There was 132 medical    3 schools at the time. There's many more now. But    4 yes, that is correct.</p> <p>5 Q. And you --</p> <p>6 A. I think I hold the distinction of being    7 rejected by each one not once but twice. I have a    8 binder somewhere with it.</p> <p>9 Q. You got to get rid of that binder, man.</p> <p>10 A. Oh, no. No. No.</p> <p>11 Q. Just --</p> <p>12 A. It's that --</p> <p>13 Q. -- move on.</p> <p>14 A. -- other chip on my other shoulder.</p> <p>15 Q. I get it, but you got to move on. You    16 know, you got to . . . All right. So there will    17 just be about a few more questions on this    18 subject, and then I'll move on.</p> <p>19 Is it fair to say that you were not    20 accepted into any medical school inside the    21 United States?</p> <p>22 A. Not once but twice. Yes. I -- there were    23 many applications. I can't keep track. I might    24 say that in jest. But regardless, there was no    25 MCAT policy at Dominica Ross University School of</p>	<p style="text-align: right;">Page 81</p> <p>1 But the medical school you attended in --    2 on the island of Dominica was not accredited in    3 the United States; correct?</p> <p>4 A. No. It was not a United States medical    5 school.</p> <p>6 Q. And it was -- its accreditation came from    7 the Government of Dominica; correct?</p> <p>8 A. That is correct.</p> <p>9 Q. Okay. Are you familiar with the Journal    10 -- JAMA or JAMA, Journal of American Medical    11 Association? Are you familiar with JAMA?</p> <p>12 A. I -- I get a e-mail from them at least a    13 day or -- every day.</p> <p>14 Q. Is it safe to say that the American    15 Medical Association's medical journal that they    16 put out, JAMA, is reliable among doctors?</p> <p>17 A. I think it is one of many journals that    18 people read.</p> <p>19 Q. It -- it's a peer-reviewed medical    20 journal; right?</p> <p>21 A. Uh-huh.</p> <p>22 Q. It goes through a peer-review medical    23 process, where doctors and the editing board    24 review the materials submitted to the journal;    25 correct?</p>

<p style="text-align: right;">Page 82</p> <p>1 A. That is correct.</p> <p>2 Q. And while you may not agree with</p> <p>3 everything that JAMA produces, you do accept that</p> <p>4 it's a reliable peer-reviewed medical journal in</p> <p>5 -- amongst doctors that they refer to; correct?</p> <p>6 A. I do believe people read it. I don't know</p> <p>7 its impact score; so I don't know how prestigious</p> <p>8 it is. So -- and that -- isn't that the . . .</p> <p>9 Q. Yeah. I'm not asking whether --</p> <p>10 A. Okay.</p> <p>11 Q. -- it's the best or the worst. I'm saying</p> <p>12 it's reliable?</p> <p>13 A. It's an article.</p> <p>14 Q. Okay. It's an -- it's a peer-reviewed</p> <p>15 medical journal that's reliable among doctors;</p> <p>16 correct?</p> <p>17 A. Uh-huh.</p> <p>18 Q. Okay.</p> <p>19 A. That is correct.</p> <p>20 Q. Has any transvaginal mesh company before</p> <p>21 working on this case ever asked you to work as an</p> <p>22 expert?</p> <p>23 A. Any manufacturer of a transvaginal mesh</p> <p>24 kit ask me to work on their behalf?</p> <p>25 Q. Uh-huh.</p>	<p style="text-align: right;">Page 84</p> <p>1 Q. Prior to your work performed on -- in</p> <p>2 authoring this Prosimma report, a transvaginal</p> <p>3 mesh -- transvaginal mesh company has never asked</p> <p>4 you to work as an expert in -- in litigation</p> <p>5 context?</p> <p>6 A. That is correct.</p> <p>7 Q. Has any medical device company ever asked</p> <p>8 you before your work done in this case to exam --</p> <p>9 to -- to help them draft the product label</p> <p>10 associated with their medical device?</p> <p>11 A. No.</p> <p>12 Q. Has --</p> <p>13 A. No.</p> <p>14 Q. -- any medical device company ever asked</p> <p>15 you prior to your work on this case to review the</p> <p>16 adequacy of their product label associated with</p> <p>17 their medical device?</p> <p>18 A. No, sir.</p> <p>19 Q. Has any medical device company prior to</p> <p>20 this case ever asked you to -- to review the</p> <p>21 appropriateness of the warnings and adverse events</p> <p>22 statements associated with a medical device</p> <p>23 product?</p> <p>24 A. No, sir.</p> <p>25 Q. Have you ever -- are you familiar with --</p>
<p style="text-align: right;">Page 83</p> <p>1 A. In two thousand and -- going from my</p> <p>2 fellowship to this point?</p> <p>3 Q. Right.</p> <p>4 A. I was asked. Yes. I was asked to -- to</p> <p>5 work on behalf of pretty much all of them, and I</p> <p>6 did not.</p> <p>7 Q. You were asked to act as a expert witness</p> <p>8 for --</p> <p>9 A. Oh. Expert witness. I thought expert</p> <p>10 utilizing their products. They always said, If</p> <p>11 you use our products, you can become a teacher,</p> <p>12 and then you could do this and X, Y, Z. No.</p> <p>13 It's --</p> <p>14 MR. WALKER:</p> <p>15 Your -- your question is in the</p> <p>16 context of litigation?</p> <p>17 MR. JONES:</p> <p>18 Yeah. In the context --</p> <p>19 THE WITNESS:</p> <p>20 Well, then no.</p> <p>21 MR. JONES:</p> <p>22 -- of litigation.</p> <p>23 THE WITNESS:</p> <p>24 No. No one has --</p> <p>25 BY MR. JONES:</p>	<p style="text-align: right;">Page 85</p> <p>1 are you familiar with the industry standards that</p> <p>2 govern what information as it relates to the</p> <p>3 safety of medical device is required to be in --</p> <p>4 in a product label?</p> <p>5 A. No.</p> <p>6 Q. Are you familiar with the FDA guidelines?</p> <p>7 A. In regards to what, if I may ask?</p> <p>8 Q. On what information should be included in</p> <p>9 a product label as it relates to the safety</p> <p>10 performance of that device.</p> <p>11 A. No. I -- I've never reviewed the mandates</p> <p>12 from the Food and Drug Administration and how that</p> <p>13 governs --</p> <p>14 Q. Have you --</p> <p>15 A. -- labeling.</p> <p>16 Q. Have you reviewed internal documents from</p> <p>17 Ethicon that provide guidance and standards for</p> <p>18 what information must be included in a product</p> <p>19 label as it relates to the safety and performance</p> <p>20 of a medical device?</p> <p>21 A. I can't recall reading something like</p> <p>22 that.</p> <p>23 Q. Are you familiar with failure modes and</p> <p>24 effects analysis?</p> <p>25 A. Failure mode analysis?</p>

<p style="text-align: right;">Page 94</p> <p>1 Q. Right. Right. And because of that, 2 you're an expert in -- in delivering health care 3 to your patients; correct? That's fair? 4 A. That is fair. 5 Q. You don't consider yourself an expert in 6 what warning statements need to be in a product 7 label for a medical device, though. Is that fair? 8 A. I've never been put in a capacity to do 9 that. 10 Q. Okay. We talked earlier about being sent 11 -- oh, man, I only got ten more minutes -- about 12 being sent patients -- having patients referred to 13 you who will have complications after having 14 transvaginal mesh placed inside their body; 15 correct? 16 Let me ask you: Do you have patients 17 referred to you who have suffered from 18 complications who have had transvaginal mesh 19 previous placed in -- inside their bodies? 20 A. Not only do I get such patients referred 21 by other physicians, other members of the 22 community, I have been solicited by members of the 23 legal community who had promised to send me 24 inordinate amounts of patients to remove mesh. 25 Q. That's not good.</p>	<p style="text-align: right;">Page 96</p> <p>1 are people that perceive that their issues relate 2 to a previous implant done by an outside provider. 3 If I myself am the implanting physician, I always 4 tell my patients that they and I are bonded; so 5 please always let me know. But otherwise, what 6 you're saying is -- yes. I evaluate them 7 completely, and we try to come up with a plan to 8 help them address their issues. 9 Q. And you've treated women who have had 10 Ethicon transvaginal mesh products implanted in 11 them and who now suffer from complications; 12 correct? 13 MR. WALKER: 14 Object to form. 15 THE WITNESS: 16 I have dealt with a full component of 17 all of the transvaginal kits, from Elevate 18 to Apogee, Perigee, Pinnacles, homegrown, 19 Prolift. I -- 20 BY MR. JONES: 21 Q. Prolift is a -- is a transvaginal mesh 22 device that was formerly marketed by Ethicon; 23 correct? 24 A. That is correct. 25 And I also manage sacrocolpopexy</p>
<p style="text-align: right;">Page 95</p> <p>1 A. That is not good. 2 Q. And just so -- 3 A. I actually reported it to the -- 4 Q. Good. 5 A. -- medical director of my hospital. 6 Q. I'm glad you did. 7 And -- and just so we're clear, I never 8 did that, did I? 9 A. No, sir. You -- 10 Q. I never -- 11 A. -- did not. 12 Q. Okay. Jordan -- 13 A. You did not. 14 Q. -- didn't do that either? But -- no. 15 Okay. 16 So you do get patients referred to you by 17 other physicians in other -- 18 A. And other patients. 19 Q. -- and other patients who suffer from mesh 20 complications. Is that fair? 21 A. That is correct. 22 Q. And what part of your -- percentage of 23 your current clinical practice relates to treating 24 women who suffer from mesh complications? 25 A. When you say "mesh complications," these</p>	<p style="text-align: right;">Page 97</p> <p>1 complications. 2 Q. How about Prosima? Have you had any 3 Prosima patients? 4 A. I have not personally come across any 5 Prosima complication in the last five -- what year 6 is this? 2018. 2011 . . . So in the last 7 7 years, no Prosima implant patient has been 8 referred to me, nor have I heard of any Prosima 9 patient of mine within the community going to 10 another provider for management of whatever issue 11 that they were having. 12 Q. And Prosima was only available to surgeons 13 for a couple years; correct? 14 A. I think it was the -- some type of 15 corporate decision was made to no longer make it, 16 and I think it dissipated. Because I think that 17 the packaging only had a 4-year shelf life. So I 18 think that when it was introduced maybe in 2009, I 19 think in -- then it was no longer manufactured. I 20 think they stopped making it. That's all they 21 did. And they -- in two thousand and, I think 22 twelve. 23 Q. Yeah. So they launched the device in 24 December 2009, and then in 2012, they -- they 25 ceased selling the device or making the device?</p>

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<p>1 A. I think they stopped manufacturing the 2 device, and I think if there was still product 3 somewhere you could get your hands on it. 4 Q. So there's -- so there is a little bit 5 more than a 2-year time period for when Ethicon 6 was actively marketing this device; correct? 7 A. Yes. 8 Q. Okay. 9 A. They were actively -- 10 Q. And -- 11 A. -- marketing it. 12 Q. And based on your consultant work with 13 Ethicon, you know that this wasn't an entirely 14 successful product for Ethicon; correct? 15 MR. WALKER: 16 Object to form. 17 THE WITNESS: 18 I thought that it was an extremely 19 successful product. 20 BY MR. JONES: 21 Q. Did you -- did you ever -- did you ever -- 22 were you ever made aware of how many total Prosimas 23 devices were actually ever used in the 24 United States? 25 A. For some odd reason, a number between four</p>	<p>1 inside the United States -- 2 A. Uh-huh. 3 Q. -- correct -- if you're correct? 4 A. If I am. I don't know if it's just the 5 United States or worldwide. I -- because it was 6 available worldwide, not just in the 7 United States. 8 Q. All right. I think the way I'm going to 9 finish up is I'm going to ask you about some 10 specific -- some specific internal documents that 11 are pretty noteworthy, where employees inside of 12 Ethicon are discussing Prosimas and they're saying 13 things about the device that stand out for sure. 14 I'm pulling up work product from 4 years ago from 15 a Prosimas trial. And I'm watching my computer 16 load it right now. 17 MR. WALKER: 18 That -- that wouldn't be the Cavness 19 trial? 20 MR. JONES: 21 It would be. 22 MR. WALKER: 23 How about that? 24 MR. JONES: 25 It would be.</p>
<p>1 and 6,000. 2 Q. Okay. That's what you think? 3 A. I think. 4 Q. Okay. 5 A. Am I allowed to ask what the number is, if 6 you know? 7 Q. You can ask Jordan. 8 THE WITNESS: 9 Am I allowed to ask you how many that 10 is -- was? What? You won't tell me? 11 Okay. I -- 12 MR. JONES: 13 Yeah. 14 THE WITNESS: 15 -- don't know. 16 MR. JONES: 17 He probably won't tell you. 18 BY MR. JONES: 19 Q. All right. So we've got four to 6,000 20 women out there in the United States with a 21 Prosimas device. That's it; correct? 22 A. Maybe more if I'm incorrect. 23 Q. Okay. But if we're assuming you're 24 correct, there's anywhere from four to 6,000 women 25 in total who have received the Prosimas device</p>	<p>1 MR. WALKER: 2 Were you at that trial site? 3 MR. JONES: 4 I was. I was -- I was a -- the person 5 they just keep locked up in the closet the 6 whole time and never let come out, just 7 feed to keep you alive so you can continue 8 to work. That's about it. 9 MR. WALKER: 10 A war room rat -- 11 MR. JONES: 12 Yeah. 13 MR. WALKER: 14 -- basically. 15 MR. JONES: 16 Great experience, though. 17 BY MR. JONES: 18 Q. Yeah. So what I'm going to do here, 19 Doctor, I'm going to just pick out some of the 20 internal documents that discuss Prosimas. Most of 21 them are from medical directors, some of which we 22 talked about before, like Aaron Kirkemo. 23 MR. WALKER: 24 Are you going to let him look at them 25 on -- on your screen?</p>

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<p>1 A. If I can come over to your computer  2 screen. And if I --  3 Q. Yeah. It's not --  4 A. If it is --  5 Q. -- going to help you.  6 A. If it is Kirkemo, then obviously I'm an  7 ethical human being. Because I could pull that  8 document out of the gigabytes of stuff that I've  9 looked though.  10 Q. So you do --  11 A. Because that's a powerful statement.  12 Q. Powerful.  13 And you do recall reading statements from  14 Ethicon's medical director, Aaron -- Aaron  15 Kirkemo, telling the company: Don't launch the  16 Prosimax device?</p> <p>17 MR. WALKER:  18 Object to form.</p> <p>19 THE WITNESS:  20 I don't remember the exact words. But  21 I remember this long e-mail, and he -- I  22 don't know why he dragged BPH into it and  23 uroflow studies. You're smiling because  24 that's a pretty good damn memory that I  25 could do this, right? Because that's how</p>	<p>1 MR. WALKER:  2 Object to form.  3 THE WITNESS:  4 I -- if I -- upon -- I would have to  5 review the information once again. But I  6 don't think that I had a problem with it.  7 If I had -- if I utilized the -- it, I  8 don't think that it would have represented  9 any type of misinformation. But I think  10 that such a pamphlet is just but one  11 component of truly educating a patient so  12 that they could make proper decisions of  13 their health care.</p> <p>14 BY MR. JONES:  15 Q. Do you know who Martin -- Dr. Martin  16 Weisberg is?  17 A. I do not know who Dr. Martin Weisberg is.  18 Q. Did you stop using Prosimax before or after  19 Ethicon ceased marketing the device?  20 A. I think that it -- cessation of -- of  21 Prosimax utilization occurred in 2011; so I think  22 whenever they actively stopped marketing it. I  23 don't think that has a bearing as -- you know, if  24 that lines up with what -- in 2011, then that was  25 it.</p>
<p>1 much I disagree with him.  2 BY MR. JONES:  3 Q. Okay. But you -- you generally recall  4 seeing documents detailing the negative feedback  5 following the 2009 conference that speak to  6 potentially Aaron Kirkemo's comments; right?  7 A. I definitely --  8 MR. WALKER:  9 Object to form.</p> <p>10 THE WITNESS:  11 -- can say to this out of all of the  12 documents that I read: I read many  13 positive as well as negative comments  14 regarding Prosimax.</p> <p>15 BY MR. JONES:  16 Q. Did you review the sales brochures  17 associated with the Prosimax device?  18 A. Of course I have reviewed them, because I  19 think they were distributed to patients and I want  20 to make sure that it did its job of conveying  21 messages to patients.  22 Q. Were there any -- in your review of the  23 brochures associated with the Prosimax device that  24 Ethicon used, did you notice any statements that  25 appeared to you to be misleading?</p>	<p>1 Q. Okay. I'm -- I'm just asking.  2 Did you stop using it because Ethicon  3 stopped selling it, or did you stop using it  4 before Ethicon stopped selling it?  5 A. I stopped using it before Ethicon stopped  6 selling it.  7 Q. Okay. Why was that?  8 A. Because I wasn't really practicing at the  9 time.  10 Q. Okay.  11 A. And by the time that I restarted my own  12 practice at East Jefferson Hospital, I don't think  13 the environment was conducive to utilizing  14 transvaginal mesh at that time. Because that was  15 after the FDA notice.  16 Q. Sure.  17 MR. JONES:  18 Those are all the questions I have.  19 Thanks for your time today, Doctor.  20 THE WITNESS:  21 Thank you, sir.  22 MR. WALKER:  23 I have just a couple of follow-up  24 questions.  25 BY MR. WALKER:</p>

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<p>1 Q. Doctor, do you remember being asked some 2 questions about the AUGS position statement? 3 A. Yes. 4 Q. And specifically you were asked questions 5 about the AUGS statement regarding the efficacy of 6 mesh in the posterior compartment. 7 Do you remember that? 8 A. Yes. 9 Q. Why do you disagree with AUGS' statement 10 regarding the efficacy of mesh augmentation in the 11 posterior compartment? 12 A. In my -- I simply did not see such a 13 degradation and repair. I did not -- and I truly 14 felt that a native tissue repair in posterior 15 compartment is basically a nonfunctional approach, 16 that graft augmentation in the posterior 17 compartment is vital to a successful repair if 18 done appropriately. 19 Q. And you -- you say "if done 20 appropriately." 21 From your experience and your review of 22 the literature, if a skilled surgeon is placing a 23 posterior mesh, is that likely to result in a 24 greater benefit to the patient than a native 25 tissue repair?</p>	<p>1 Q. You were asked a number of questions 2 regarding the stiffness of mesh, density, pore 3 size. 4 Do you recall those questions? 5 A. I do. 6 Q. And, Doctor, you would agree that you are 7 here today in part because you are holding 8 yourself out as an expert in the biocompatibility 9 of mesh, specifically the Prosima mesh product; 10 correct? 11 A. That is correct. I hold myself as a 12 expert when it comes to Prosima and the 13 application of its technology. 14 Q. And that would include the -- the mesh in 15 Prosima and the construction of that mesh; 16 correct? 17 A. I hold -- 18 MR. JONES: 19 Objection. 20 THE WITNESS: 21 -- myself in knowing a substantial 22 amount of knowledge based on all my 23 education, self-study, experience with all 24 the different platforms, and these 25 cadaveric dissections.</p>
<p>1 A. I believe graft augmentation delivered to 2 the appropriate surgical plane utilizing the 3 appropriate fixation points represents a true and 4 utter benefit to the patient. Yes. 5 Q. I made a note early in the deposition. 6 You were asked some questions about your 7 professional education involvement with Ethicon 8 and the numerous cadaver studies that you 9 participated in. 10 Why is the study of cadavers important to 11 your education and professional development? 12 A. The cadavers were not donated to me as a 13 thank you or anything from Ethicon. These 14 cadavers were provided so that surgeons -- after 15 didactics and education, mentoring by more 16 experienced surgeons, passes were done. And then 17 passes were done in nondissected and dissected 18 portions of these cadavers so people could learn 19 how to do these procedures properly. When 20 everything was said and done and everybody was 21 going to the dinner or going back home, I was able 22 to stay and really take inventory of deep 23 dissection of these structures. So I found it to 24 be invaluable. So . . . before these were then 25 properly dealt with.</p>	<p>1 BY MR. WALKER: 2 Q. And, Doctor, you recall you were asked 3 some questions about the warnings associated with 4 product labeling. 5 Do you recall -- 6 A. Uh-huh. 7 Q. -- that? 8 As a pelvic floor surgeon, do you agree 9 that you are an expert in assessing the potential 10 risks and complications associated with pelvic 11 floor surgery? 12 MR. JONES: 13 Another objection. 14 THE WITNESS: 15 I completely hold myself in a position 16 to judge the application of technology 17 when it comes to the realm of pelvic 18 surgery. That is correct. 19 BY MR. WALKER: 20 Q. And that would include understanding and 21 being knowledgeable about the potential adverse 22 events that could happen following a prolapse 23 repair surgery, for example? 24 MR. JONES: 25 Objection.</p>

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<p>1 THE WITNESS:</p> <p>2 I think any ethical surgeon who takes</p> <p>3 a human being to the operating room with</p> <p>4 the hopes of making them better learns</p> <p>5 from each and every individual case. Now</p> <p>6 I'm not trying to sound like a</p> <p>7 cheerleader. So any type of positive</p> <p>8 should be noted, and more importantly, any</p> <p>9 type of negative should be noted. And you</p> <p>10 take and you learn from each.</p> <p>11 Going back to the cadavers. Learning</p> <p>12 that anatomy in real life, I have to</p> <p>13 stress once again the invaluable nature.</p> <p>14 Because transvaginal surgery is not so</p> <p>15 easy. You're operating through very</p> <p>16 confined spaces. And I'm not trying to</p> <p>17 say anything with regard to certain</p> <p>18 skills. But really being able to open up</p> <p>19 that -- these very confined spaces was</p> <p>20 extremely beneficial in learning how these</p> <p>21 grafts would work, where they were going,</p> <p>22 and also as a basis of further</p> <p>23 understanding as a professional developing</p> <p>24 in pelvic surgery. I don't know what else</p> <p>25 to say about that.</p>	<p>1 doctor's CV.</p> <p>2 (Exhibit No. 6 was marked for</p> <p>3 identification and attached hereto.)</p> <p>4 MR. JONES:</p> <p>5 And then . . .</p> <p>6 MR. WALKER:</p> <p>7 And if you want to mark his report, I</p> <p>8 have that as well.</p> <p>9 MR. JONES:</p> <p>10 Yeah. And then the next exhibit --</p> <p>11 because I already lost count --</p> <p>12 Exhibit 7ish --</p> <p>13 MR. WALKER:</p> <p>14 I think it's 7.</p> <p>15 MR. JONES:</p> <p>16 -- will be the report of the doctor in</p> <p>17 this case. Just -- and then --</p> <p>18 MR. WALKER:</p> <p>19 That's just three copies of the same</p> <p>20 report.</p> <p>21 MR. JONES:</p> <p>22 Okay. And -- and then do you have any</p> <p>23 objection to me e-mailing for the record</p> <p>24 to the court reporter the -- the</p> <p>25 electronic copy of the report that</p>
<p>1 MR. WALKER:</p> <p>2 That's all I have. Thank you for your</p> <p>3 time.</p> <p>4 THE WITNESS:</p> <p>5 All right. Thank you.</p> <p>6 MR. JONES:</p> <p>7 A few housecleaning issues.</p> <p>8 Do you have any objection to me</p> <p>9 e-mailing the notice of deposition to the</p> <p>10 court reporter after the deposition?</p> <p>11 Unless you have a copy.</p> <p>12 MR. WALKER:</p> <p>13 I have a copy.</p> <p>14 MR. JONES:</p> <p>15 Easy. I would like to mark for the</p> <p>16 record the deposition notice as Exhibit</p> <p>17 No. 5.</p> <p>18 (Exhibit No. 5 was marked for</p> <p>19 identification and attached hereto.)</p> <p>20 MR. WALKER:</p> <p>21 And you -- you didn't mark it. But if</p> <p>22 you want, I also have his CV. I don't</p> <p>23 know . . .</p> <p>24 MR. JONES:</p> <p>25 Let's do it. Exhibit 6 will be the</p>	<p>1 Page 115</p> <p>2 includes all like the -- the reliance list</p> <p>3 and the PowerPoint stuff?</p> <p>4 MR. WALKER:</p> <p>5 I -- I don't. I do have a hard copy</p> <p>6 of the slide deck that was attached to his</p> <p>7 report, if you want to go ahead and just</p> <p>8 mark the hard copy.</p> <p>9 THE WITNESS:</p> <p>10 I thought he gave -- you gave it to</p> <p>11 him already?</p> <p>12 MR. JONES:</p> <p>13 Yeah. You did.</p> <p>14 MR. WALKER:</p> <p>15 You already --</p> <p>16 MR. JONES:</p> <p>17 Did I mark it earlier? Whatever. If</p> <p>18 I --</p> <p>19 MR. WALKER:</p> <p>20 Okay.</p> <p>21 MR. JONES:</p> <p>22 -- marked it earlier, I marked it.</p> <p>23 MR. WALKER:</p> <p>24 Here (tenders document).</p> <p>25 MR. JONES:</p> <p>26 If not, I would like to add that to --</p>

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1       MR. WALKER:	1   Civil Procedure Article 1434 and in rules and
2            But no objection.	2   advisory opinions of the board; that I have no
3        MR. JONES:	3   actual knowledge of any prohibited employment or
4            -- Exhibit 7.	4   contractual relationship, direct or indirect,
5        THE WITNESS:	5   between a court reporting firm and any party
6            I think you have it. Yeah.	6   litigant in this matter nor is there any such
7        MR. JONES:	7   relationship between myself and a party litigant
8            I don't want to take it with me.	8   in this matter. I am not related to counsel or to
9            So . . . All right. That's it. Thanks,	9   the parties herein, nor am I otherwise interested
10          guys.	10   in the outcome of this matter.
11        MR. WALKER:	11
12            All right.	12
13        THE WITNESS:	13
14            Thank you, sir.	14
15        MR. WALKER:	15   AURORA M. PERRIEN, CCR, RPR
16            We're off the record.	16
17        (The proceedings concluded at 2:18 p.m.)	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
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1            C E R T I F I C A T E	
2    This certification is valid only for	
3    a transcript accompanied by my original signature	
4    and original seal on this page.	
5    I, AURORA M. PERRIEN, Registered Professional	
6    Reporter, Certified Court Reporter, in and for the	
7    State of Louisiana, as the officer before whom	
8    this testimony was taken, do hereby certify that	
9    AHMET BEDESTANI, M.D., after having been duly	
10   sworn by me upon the authority of R.S. 37:2554,	
11   did testify as hereinbefore set forth in the	
12   foregoing 118 pages; that this testimony was	
13   reported by me in the stenotype reporting method,	
14   was prepared and transcribed by me or under my	
15   personal direction and supervision, and is a true	
16   and correct transcript to the best of my ability	
17   and understanding; that the transcript has been	
18   prepared in compliance with transcript format	
19   guidelines required by statute or by rules of the	
20   board; and that I am informed about the complete	
21   arrangement, financial or otherwise, with the	
22   person or entity making arrangements for	
23   deposition services; that I have acted in	
24   compliance with the prohibition on contractual	
25   relationships, as defined by Louisiana Code of	